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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/483,399			ing Date 14/2000	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (f), or (m))			N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A	]	N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		*		x s =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =			]	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is 3	ets of pap 250 (\$125 litional 50	rings exceed 100 tion size fee due y) for each ion thereof. See 87 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									J			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY												
AMENDMENT	05/29/2008	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 31	Minus	·· 32	= 0	П	x s =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	• 5	Minus	···5	= 0	]	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())	*	Minus	**	=	]	x s =		OR	x s =		
Ω	Independent (37 CFR 1.16(h))	•	Minus	***	=	]	x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))					]			]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR			
									OR	TOTAL ADD'L FEE		
** If	"If the ontry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  CATHERINE d. SMITH!											
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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